U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Officialities O S Rec'd AUG 16: AUG M	nly
	[<i>[]]</i>

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U -	2. Fiscal Year Covered From:						
,	□/□/₽35 Through: [2]/3]/\$309						
3. Name and address of person filing.	Name, file number, and address of labor organization.						
Name Christophine D Unith	Name M. F. L. Players asson.						
	Labor Organization File Number 065-533						
P.O. Box, Bldg., Room No., if any 6th 61300	P.O. Box, Building and Room Number, if any 645 F700						
Street MORI.L St. n.w.	Street 2021 L 54., n. W.						
city Washington	city (Cashing Van						
State	State ZIP Code + 4 ZW 36						
5. Position in labor organization. CSSISHOLAN DIVERTOR OF BENEFITS							
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):							
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.						
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
	7.b. Amount.						
Street							
City							
State ZIP Code + 4	100 - 1						
Signa	ture						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
signed Churchine M. Anuto	On 3-11-05 202-463-2200 Date Telephone Number						
Form LM-30 (2003)	Date Telephone Number						

Name of Person Filing (M () telphine ()	Sm14 File Number U-	05-033					
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptant of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise	494					
Name and address of Business (including trade name, if any).	9. Business deals with:						
Name	<u></u>						
Trade Name, if any:	a. Labor Organization						
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer						
Street	L. Cripioyer						
City							
State ZIP Code + 4							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name							
Trade Name, if any:							
P.O. Box, Bidg., Room No., if any							
Street	11.b. Approximate dollar value of such dealing.						
City	12.a. Nature of interest held or income received.						
State ZIP Code + 4	The state of the s						
		A Transfer and A Tran					
	12.b. Amount.						
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.						
 Name end address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.						
Name BEII RUZFIE MR P. RELIGAENEPA							
Name BEI ROZEIE DR P. RELIGAENE PA							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
P.O. Box, Bldg., Room No., if any Street JUSH Page #3430							

CHRISTOPHINE SMITH

Bert Bell/Pete Rozelle NFL Player Relirement Plan File Number: not yet issued Calendar Year: 2004 Page 1 of 1

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	Explanation [12]	Breakfast	Lurch	Advisors Meeting	Breakfast	Linch	Lunch	Board of Trustees Meetings	Breakfast	Linch	
	To Whom Paid	Lowe's Hotel - Miami, FL	Harbor Court Hotel - Baltimore, MD	Harbor Court Hotel - Baltimore, MD	Matthew DuBois - Baltimore, MD	Matthew DuBois - Baltimore, MD	Citronelle - Washington DC				
Amount Payment Type	[11.b] [11.c]	\$39 Meal	\$58 Meal	\$1,049 Hotel bill	\$39 Meal	\$64 Meal	\$47 Mea	\$329 Hotel bill	\$30 Meal	\$85 Meal	\$130 Meal
Payment Date //	[11.a]	2/23/2004	2/23/2004	2/24/2004	2/24/2004	2/24/2004	10/5/2004	10/6/2004	10/6/2004	10/6/2004	12/16/2004